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DEPARTMENT OF HEALTH AND SOCIAL SECURITY

RUSHDEN URBAN DISTRICT

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ANNUAL REPORT

of the

Medical Officer of Health

for the

Year 1967

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SUMMARY OF VITAL STATISTICS, 1967

Area (in acres)	3823.2
Population 1961 (census)	17,377
,, 1967 (mid-year estimate)	17,690
Number of separate dwellings occupied 1961 (census) ...	6,107
,, ,, ,, ,, ,, 1967 (estimate) ...	6,900
Rateable Value, 31/3/1968	£721,632
Product of a penny rate, 1967/68: Estimated	£2,940

Live Births

	Male	Female	Total
Legitimate	160	148	308
Illegitimate	8	17	25
	168	165	333

Rate per 1,000 population—18.8
Area Comparability Factor—1.08
Adjusted rate per 1,000 population—19.3

Stillbirths

	Male	Female	Total
Legitimate	6	1	7
Illegitimate	—	—	—
	6	1	7

Rate per 1,000 live and still births— 21.00

	Male	Female	Total
Deaths (all causes)	98	102	200

Rate per 1,000 population—11.3
Area Comparability Factor—0.94
Adjusted rate per 1,000 population—10.6

Maternal Deaths

Deaths ascribed to pregnancy, childbirth and abortion—0

Infant Mortality

	Male	Female	Total
Legitimate	3	6	9
Illegitimate	—	—	—
	3	6	9

Rate per 1,000 live births—27.00

Rushden Urban District Council.

Members of the Public Health Committee :

Councillor R. H. Marriott (Chairman), Councillors A. Allebone, H. W. Catlin, W. A. Clarke, R. D. Gilhooley, R. D. Hamblin, G. V. R. Hooton, Mrs. A. Perkins and J. E. Wills.

Councillor R. H. S. Greenwood, Chairman of the Council, was a member *ex-officio*.

Public Health Officers of the Local Authority :

Medical Officer of Health,

J. C. MacInnes, M.B., Ch.B., D.P.H. (to 30th September, 1967).

Joan M. St. V. Dawkins, M.B., B.S., D.P.H., D.C.H.
(Acting from 1st October, 1967).

Chief Public Health Inspector, Meat Inspector :

H. W. Ellis, M.R.S.H., M.A.P.H.I.

Additional Public Health Inspector :

R. Westerman, M.A.P.H.I.

Telephone :
Office : Northampton 34833

HEALTH DEPARTMENT,
COUNTY OFFICES,
GUILDHALL ROAD,
NORTHAMPTON.

To the Chairman and Councillors of the Urban District of Rushden.

MR. CHAIRMAN, LADIES AND GENTLEMEN,

I have the honour to present the annual report for 1967 incorporating that of the Public Health Inspector. I assumed duties in October, 1967, as Acting Medical Officer in place of Dr. J. C. MacInnes who resigned in September, 1967.

The report is presented in eight sections each relating to an environmental aspect of the health of the district, and given with the relevant statistics. In addition some comments are given on general trends which show some evidence of becoming hazards to health either now or in the future.

The vital statistics for the year show that according to the mid-year figure of the Registrar General the population has remained approximately the same, that the number of births has declined from 355 to 333, and that there were 26 less deaths, the figures being 226 last year and 200 in 1967.

Infectious disease notifications, apart from measles, remained satisfactorily low. There were no outbreaks, two cases of dysentry and none of food poisoning. Measles notifications rose from only 9 cases last year to 438 this year, showing a very marked biennial incidence. This almost universal disease, often severe and with not infrequent complications may be prevented next year by an effective vaccination thereby saving much distress and cost to the economy. While the incidence of infectious illness, at present, is well controlled it continues to be necessary to maintain a watchful eye particularly in relation to food borne infection, and to continue to keep a high level of immunisation in the community. The prevention of food borne infection is dependent on personal hygiene particularly in those who handle or prepare food, in adequate cooking of all meat, fish and poultry and in careful storage of all foods. In addition, in the prevention of diphtheria, tetanus, whooping cough, poliomyelitis and smallpox, parents must not neglect to continue to have their children immunised to these diseases, not forgetting the necessary booster immunisations. Vaccination against tuberculosis follows in the early teens.

While the environmental control of health in the district is maintained in a satisfactory manner, there are, however, certain adverse signs relating to the general pattern of life at the present time that merit some comment. As hardships of the past decline and are replaced by increasing benefits of the Welfare state with almost full employment, abundant food, transport and leisure, there is evidence that these benefits may sometimes themselves contribute to further human misery. The prevention of disease will now depend less on environmental control and increasingly on the good sense and rectitude of the individual himself. I wish, therefore, to lay some stress on matters relating to general health as well as those which are purely of local concern.

The individual is given this choice clearly in the acceptance or refusal to indulge in the habit of smoking. It is indisputably proved that heavy cigarette smoking and cancer of the lung are related and the facts are known to all. That the habit continues and that thousands of young people start smoking annually is an indication of society's failure to recognise and take action against a major hazard to health. It is clearly a duty of all who have contact with, and who influence the young, to persuade and show by their own actions that smoking is harmful.

Each year the figures of deaths from accidents rise, both in the home and on the road. Nearly as many people die as a result of a home accident as on the road, the majority being either the elderly or very young. The majority of all home accidents are preventable. The carnage of death on the road continues and the figures of deaths do not include the many thousands injured, and who are left with permanent disability. Road accidents are an indication of the mental maturity of a society, and while individuals are careless, aggressive and inconsiderate accidents will continue. It is a sad reflection, once more of the failure of human personality. The introduction of the Breathalyser test has, however, caused a fall of 8% in road deaths this year, and it is to be hoped that this will be maintained.

Though people are living longer the death rate among middle aged males remains too high. This is due to deaths from arterial disease resulting in coronary thrombosis, strokes and from cancer. The prevention of early arterial disease is a problem which now besets all civilised communities. It is a condition of multiple causes known and unknown, some of which are hereditary. Of those known facts, the salient one is that early arterial disease is not so evident in those who take regular physical exercise. Increasing transport, highly urbanised communities and sedentary amusements such as television all contribute to a failure to take sufficient exercise. In addition food is abundant, highly refined and of a high calorie content, and many people have developed the habit of eating in excess of their needs. Excessive calorie intake without the compensatory effect of exercise combine to cause the degenerative condition which takes its toll from a valuable section of society who are at the time of life when their experience can contribute much to their community. Young people should be encouraged to be active in all forms of sport and physical enterprise, to eat less sweets, ice-creams and other starchy foods and this habit should continue throughout life, modifying the exercise to be appropriate with the years.

Finally, in the field of mental health there appears, in spite of the benefits of the Welfare state, to be little evidence that mental or psychiatric illness is diminishing. The increase in delinquency, in drug taking, crime, divorce and cruelty to children indicate that the community, though experiencing increasing material prosperity, is still lacking in maturity and stability.

I wish to record my thanks to Mr. Ellis for his diligent work throughout the year, his staff and the Chairman, the Clerk and Members of the Council for their interest and support. I wish also, to thank the County Medical Officer of Health for his ready co-operation at all times.

I have the honour to be,

Your obedient servant,

JOAN M. ST. V. DAWKINS,

Acting Medical Officer of Health

October, 1968.

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SECTION A.

NATURAL AND SOCIAL CONDITIONS

Area. The Urban District of Rushden covers 3,823.2 acres. There are a number of housing estates on the perimeter of the town and many of the houses in the town itself have open spaces in their vicinity, together with adequate provision of other parks and green spaces. The main industry is the manufacture of boots and shoes, but there are many other industries.

The density of population is 4.6 persons per acre. The number of separate dwellings is 6,900 and the housing factor is 2.6 persons per house.

Population. The Registrar General in his return for 1967 gives the population of Rushden as 17,690. This shows an increase of 10 on the figure for the previous year. There was, however, a natural increase of 133 (i.e. births minus deaths).

Births. There were 333 births during the year, 22 less than in 1966. The birth rate was 18.8 per 1,000 population, compared with 17.2 for England and Wales. The following table shows comparisons with England and Wales and the Administrative County over the past five years.

	Rushden		*County*	*England & Wales*
Year	*Total*	*Rate per* 1,000 *population*	*Rate per* 1,000 *population*	*Rate per* 1,000 *population*
1963	320	18.24	18.62	18.2
1964	319	18.24	19.10	18.4
1965	363	20.63	18.85	18.1
1966	355	20.08	18.54	17.7
1967	333	18.82	18.00	17.2

Illegitimate Births. There were 25 illegitimate births compared with 11 in 1966 giving a rate of 75.1 per thousand births compared with 30.3 for the previous year.

Stillbirths. There were seven stillbirths compared with eight in the previous year, the rate per 1,000 live and stillbirths was 21.00 compared with 14.2 for the county and 14.7 for England and Wales.

Deaths. There were 200 deaths during the year, 26 less than in 1966. Over half (107) were due to diseases of the heart and circulatory system, whilst cancer accounted for 39 deaths and 21 were due to respiratory causes. The following table shows comparisons with England and Wales and the administrative county over the past five years.

	Rushden		*County*	*England & Wales*
Year	*Total*	*Rate per* 1,000 *population*	*Rate per* 1,000 *population*	*Rate per* 1,000 *population*
1963	226	12.82	11.21	12.2
1964	199	11.38	10.56	11.3
1965	216	12.28	10.85	11.5
1966	226	12.78	11.12	11.7
1967	200	11.32	10.10	11.2

Maternal Deaths. There were no maternal deaths.

Infant Mortality. There were nine infant deaths during the year, five more than 1966. The mortality rate was 27.00 per thousand live births compared with 11.27 for 1966.

The following table gives a comparison between the infant mortality rate for Rushden, the Administrative County and England and Wales over the last five years.

	Rushden		*County*	*England & Wales*
Year	*Total*	*Rate per* 1,000 *live births*	*Rate per* 1,000 *live births*	*Rate per* 1,000 *live births*
1963	5	15.6	17.9	20.9
1964	6	18.8	18.4	20.0
1965	5	13.8	16.9	19.0
1966	4	11.3	16.0	19.0
1967	9	27.0	17.6	18.3

Neonatal Mortality. This is a sub-division of the infant mortality rate and concerns infant deaths within the first four weeks of life. Seven of the infant deaths were in this period, the rate per 1,000 live births being 21.0 compared with 5.5. for 1966. The following table shows the neonatal mortality rate over the last five years.

Deaths under one month per 1,000 live births

	1963	**1964**	**1965**	**1966**	**1967**
Rushden ...	15.6	15.7	11.0	5.5	21.0

Perinatal Mortality. A total of 14 cases (7 stillborn and 7 deaths under 1 week) came into this category, the mortality rate being 41.00 per 1,000 live and still births.

CAUSES OF DEATH, 1967.

Causes of Death	*Male*	*Female*	*Total*
1. Tuberculosis, respiratory	1	—	1
2. Tuberculosis, other	—	—	—
3. Syphilitic disease	—	—	—
4. Diphtheria	—	—	—
5. Whooping Cough	—	—	—
6. Meningococcal infections	—	—	—
7. Acute poliomyelitis	—	—	—
8. Measles	—	—	—
9. Other infective and parasitic diseases	—	1	1
10. Malignant neoplasm, stomach	4	3	7
11. Malignant neoplasm, lung, bronchus	9	—	9
12. Malignant neoplasm, breast	—	3	3
13. Malignant neoplasm, uterus	—	1	1
14. Other malignant and lymphatic neoplasms	11	8	19
15. Leukæmia, aleukæmia	—	—	—
16. Diabetes	3	—	3
17. Vascular lesions of nervous system	10	22	32
18. Coronary disease, angina	24	23	47
19. Hypertension with heart disease	2	1	3
20. Other heart disease	3	11	14
21. Other circulatory disease	3	8	11
22. Influenza	—	—	—
23. Pneumonia	2	2	4
24. Bronchitis	14	2	16
25. Other diseases of respiratory system	—	1	1
26. Ulcer of stomach and duodenum	1	3	4
27. Gastritis, enteritis and diarrhoea	—	—	—
28. Nephritis and nephrosis	1	1	2
29. Hyperplasia of prostate	—	—	—
30. Pregnancy, childbirth, abortion	—	—	—
31. Congenital malformations	—	1	1
32. Other defined and ill-defined diseases	6	8	14
33. Motor vehicle accidents	2	1	3
34. All other accidents	1	2	3
35. Suicide	1	—	1
36. Homicide and operations of war	—	—	—
	98	102	200

In a review of the causes of death the primary concern is to assess which could have been prevented. In the main, people are living longer and the majority of deaths are those which occur in the older age groups, and are primarily caused by degenerative disease of the arteries and the cancers, still the inevitable concomitants of the ageing process. However, coronary thrombosis, strokes and cancer of the lung are major causes of death in the middle aged male taking an increasing toll from men in their prime and at a time when they are making a major contribution to society. These are unnecessary deaths, and must be a serious cause of concern. Apart from a few who inherit a tendency to early arterial disease the condition results mainly from sedentary life. Certain groups are not affected, and these are men who take regular exercise. Farmers, postmen, gardeners and bus conductors are known to have a lower incidence of coronary disease than commercial travellers, business executives and bus drivers. The message is clear but few heed it. Regular exercise, throughout life should be the universal practice, and all members of society from childhood to old age should remember this precept. With the mechanisation of industry and increasing motor transport, the need for physical activity is ever diminishing. It is therefore increasingly necessary that leisure instead of being sedentary should involve the taking of some form of pleasurable exercise.

The mass production of highly refined food, its year round availability, and the means to purchase has enormously increased food consumption. This combined with lack of exercise, resulting in an excess of calorie intake over energy output is the probable major factor in cause of early arterial disease, the stress of modern life adding perhaps a further cause. Obesity needs now to be regarded as a major hazard to health particularly in males who are more prone than females to arterial disease. Females are however affected equally with men after the menopause.

Nationally this year again the number of deaths from cancer of the lung has increased; statistics also show an increase in a lower age group. Males still predominate but females are catching up due to the increase in the number of female cigarette smokers. In 1929, 2,751 died from cancer of the lung, in 1939, 6,214; in 1963, 24,434; in 1965, 26,399; in 1966, 27,013 and in 1967; 28,250; 23,946 males and 4,304 females. The relationship between heavy cigarette smoking and cancer of the lung has been firmly established. Yet each year thousands of young people start to smoke and many others continue to indulge in heavy cigarette smoking. Health education in this field appears to have failed and the public response to a habit which is pleasurable and where there is no immediacy of danger is apathetic.

Road accidents in Great Britain since the beginning of the century have caused 300,000 deaths. In 1966, 7,985 died on the roads compared with 7,952 in 1965 and in 1967, 7,319 died. Analysis by age has shown the 15-25 year group to be most at risk due to temperamental failures of individuals. The necessity of proper maintenance of the vehicle, habitual use of safety devices such as belts in cars or helmets on motorcycles, and driving with due consideration for the safety of other road users is stressed. Since the introduction of the breathalyser there would appear to be, so far, a decrease of 8% of deaths.

Confirmed figures regarding accidents in the home for 1967 have not yet been published but provisional figures indicate a general worsening of the situation. Falls constitute by far the most frequent cause of accidental death in and around the house, about 59 per cent of the total.

Nearly 90 per cent of these fatalities were to people in the age group 65 and over. The next most common cause was poisoning followed by burns and scalds, and finally suffocation and choking. Attention to details such as fire guards, fire resistant materials for children's nightdresses, simple structural alterations in houses for elderly people and provision of physical aids. keeping medicines under lock and key, are required to prevent these deaths.

SECTION B.

GENERAL PROVISION OF HEALTH SERVICES.

Laboratory Service. The area is covered by the public health laboratory at Northampton which comes under Dr. Hoyle, and a laboratory at Kettering General Hospital with a branch at the Rushden Memorial Hospital, The Hayway, Rushden, which comes under Dr. Voss. The Public Health Laboratory at Northampton provides facilities for the routine examination of water and milk samples, washed bottle rinses, churn, rinses, and the examination of ice-cream and ice lolly samples. Both laboratories provide facilities for the examination of specimens in connection with the control of communicable diseases. The laboratories at The Hayway and the Park Hospital, Wellingborough, serve the public by providing facilities for the examination of specimens for patients on the direction of their own family doctor.

Ambulance Service, Nursing in the Home and Home Help. These services are provided by the County Council and the area is well covered. All three provide an excellent service to the community.

Hospital Accommodation and Out-patient Facilities. The Oxford Regional Hospital Board is responsible for these services, a list of which is as follows:

General Hospitals—Northampton and Kettering.

Wellingborough:

- Wellingborough Hospital—Gynæcological.
- Highfield Hospital—Acute medical and skin cases and children.
- Park Hospital—Chronic sick, the aged and old persons in need of care and attention.
- Maternity Block attached to the Park Hospital.

Rushden Hospital—Tuberculosis and other diseases of the chest. Also beds available for skin cases.

Northampton :

- Manfield Orthopædic Hospital.
- Infectious Diseases—Harborough Road Hospital.

Out-patient facilities are available at the General Hospitals and also at the Rushden Memorial Hospital. The following out-patient clinics are held at the Rushden Memorial Hospital:

Gynæcological/ Obstetrical ...	Alternate Monday mornings Alternate Tuesday mornings 2nd, 4th and 5th Wednesday afternoons
Medical	2nd and 4th Monday afternoons 1st, 3rd and 5th Tuesday mornings 2nd and 4th Tuesday afternoons 1st, 3rd and 5th Friday mornings
Surgical	1st and 3rd Tuesday afternoons 2nd and 4th Friday mornings
E.N.T.	2nd and 4th Wednesday mornings 1st, 3rd and 5th Wednesday afternoons
Eyes	Thursday mornings (and afternoon by arrangement with County Hall)
Orthoptist ...	Thursday mornings and afternoons
Physiotherapy ...	Monday afternoons and Friday afternoons
Psychiatric ...	Friday afternoons
Skin	Thursday mornings
Pædiatric	Wednesday mornings
Diabetic	1st Monday afternoon
Orthopædic ...	1st and 3rd Friday afternoons

Infant Welfare Centres. This service is supplied by the County Council and is held at the Centre situated off Rectory Road. The welfare centre is held on Wednesday afternoons.

Rushden Senior Citizens' Goodwill Committee. This committee continued its good work amongst the old people of the town. During the year regular visits were made through ward committees to old people who were in hospital and who might otherwise have felt lonely and forgotten. At Christmas parcels and attractive gifts were distributed. The public spirited people who give so much of their time to this worthwhile cause are thanked for their valuable service to the community.

Meals on Wheels. The W.R.V.S. maintained this service during the year. Since the scheme started in 1957 a total of 39,936 meals have been delivered, the number for 1967 being 5,495.

Chiropody Service. The chiropody service continued to work to capacity during the year and in all 650 treatments were given at the clinics and 384 visits were made to homes.

The County Welfare Authority arrange an annual holiday which is well supported.

SECTION C.

SANITARY CIRCUMSTANCES OF THE AREA.

Water Supply. The Higham Ferrers and Rushden Water Board is the responsible authority for the supply to the district. Water provided by the Board is treated. The source of supply are as follows:

Above Ground Source, Sywell Reservoir. This reservoir has a capacity of 236,000,000 gallons when full and is situated in the Wellingborough Rural District. The source of supply is surface water from the surrounding catchment area, springs, and also two small brooks that flow into the reservoir. The area is 68½ acres. Treatment of water at these works consists of slow sand filtration, rapid gravity filters followed by chlorination.

Underground Sources. (a) *Hardwater Crossing, Wollaston.* The source of supply at this site is from wells sunk in the Nene river gravels. These wells yield approximately 350,000 gallons a day. Water from this source is rather hard. Treatment consists of mechanical filtration followed by chlorination.

(b) *Ditchford.* Here water is extracted from the gravels by collector ducts which are laid in the alluvial gravels adjacent to Ditchford lake. Treatment of water consists of rapid gravity filtration, partial softening, aeration, and finally chlorination.

(c) Further sources of supply belonging to the Board are a gravel well at Earls Barton and springs at Grendon.

Quality of Water. The results of chemical analyses of water taken at Ditchford, Sywell and Wollaston Pumping Stations gave the following results:

	Final Water Wollaston Works	*Final Water Ditchford Works*	*Final Water Sywell Works*
Physical Characters	Good	Very slight deposit otherwise good	Good
Reaction	pH 7.1	7.1	7.0

Chemical Analysis

Samples contained	*Parts per* 100,000 *Sywell* *(treated)*	 *Ditchford* *(treated)*	 *Wollaston* *(treated)*
Chlorine	3.4	5.0	4.8
Ammonia (Free and Saline)	0.0098	nil	0.0285
Ammonia (Albuminoid) ...	0.0090	0.0078	0.0080
Oxygen absorbed in 3 hours. at 37°C	0.1155	0.0990	0.1023
Nitrate	0.25	0.10	nil
Nitrite	absent	absent	absent
Poisonous Metals	absent	absent	absent
Calcium	6.57	12.41	13.09
Magnesium	0.90	1.18	1.19
Alkalinity	17.25	25.5	25.0
Total hardness	20.8	35.2	30.3
Permanent hardness ...	11.4	16.6	14.0
Temporary hardness ...	9.4	18.6	16.3
Miscroscopic examination of deposit	none	mineral matter and a little organic debris	none
Bacteriological examination	c.o. absent	c.o. absent	c.o. absent

Water Samples. 362 samples were taken in the area of the Board during the year. Samples of treated water all gave satisfactory results.

Water Consumption. The following are the combined figures for Rushden and Higham Ferrers.

	gallons
Average daily consumption ...	786,000
Domestic Use:	
Average per day	636,000
Trade Use:	150,000
Consumption/Head/Day	
Domestic	29.00
Trade	6.82

Piped Water Supply. New services—Private 81, Council 21.

The rainfall over the past 12 years was as follows:

	1956	1957	1958	1959	1960	1961	1962	1963	1964	1965	1966	1967
Rushden	22.83	23.72	26.85	18.4	31.64	18.90	19.27	21.45	18.22	25.89	28.89	20.22
Sywell	25.23	24.51	30.54	20.5	33.74	20.80	18.91	22.23	16.35	28.98	28.96	25.23

Sewage Disposal, Drainage and Sewerage. The sewage disposal plant for the town is situated off the Wellingborough Road and is well screened.

Trade effluents. Council investigate trade waste and effected trade effluent agreements with industry in 1965.

Disinfection. A steam disinfection station is maintained by the Council. Articles of clothing and bedding associated with cases of infectious diseases are sent here for disinfection. A service is also provided by request for neighbouring authorities to have similar work carried out.

Disinfection of houses following cases of infectious disease is carried out where necessary.

Swimming Baths. An open-air swimming pool is run by the Council and this amenity is much appreciated by the town.

Movable Dwellings. There is one licensed site for caravans. This is situated off the Bedford Road. It is a very well maintained site and the necessary amenities for the caravan dwellers are provided.

Public Cleansing. There is a weekly collection of household refuse and also facilities available for the tipping of trade waste. The tip is situated off the Bedford Road and controlled tipping is carried out.

Atmospheric Pollution. The following figures give a comparison between the results of the deposit gauges and the estimated sulphur in the atmosphere by the lead peroxide method. Rainfall is also given.

Month		*Rainfall Inches*		*Deposited Matter Tons per sq. mile*		*Deposited Sulphur Milligrammes per 100 sq. centimetres*	
		1966	**1967**	**1966**	**1967**	**1966**	**1967**
January	...	1.38	0.87	7.47	5.07	1.61	1.80
February	...	3.03	1.77	7.64	5.67	1.34	2.44
March ...	...	0.12	1.02	7.77	10.54	1.41	1.13
April	...	3.31	1.93	9.64	10.81	0.81	1.06
May ...	...	1.89	3.55	9.64	12.1	0.43	1.23
June ...	...	2.72	1.06	7.34	5.04	0.35	0.48
July ...	...	2.01	0.83	8.90	5.14	0.47	0.40
August	...	3.23	1.34	8.37	3.64	0.49	0.39
September	...	0.63	1.69	3.23	5.67	0.52	0.68
October	...	4.85	3.35	10.54	0.90	0.57	4.54
November	...	1.85	1.14	7.54	4.81	1.29	2.40
December	...	2.13	1.42	5.14	6.47	1.66	1.54

Noise Abatement Act, 1960. The Council is responsible for investigating complaints under this Act, although it is often difficult to find a satisfactory solution to noise nuisance.

SECTION D.

HOUSING.

The Council's building programme for the year was as follows:

No. of council houses constructed	30
No. under construction at the end of the year	28
No. of houses built by the Council since the war	1,056
Private houses constructed during the year	124
Private houses under construction at the end of the year	80

Clearance of Unfit Properties

Clearance Order	11 & 13 North Street	2
Compulsory Purchase Order (Odds)	15-29 North Street	8
Compulsory Purchase Order	1-19 Orchard Place	19
(Confirmed 1968)		29

Houses Demolished

In Clearance Areas.	Nos. 10 to 20 Bedford Road	6 houses
Individual, Unfit Properties.	No. 14 & 16 Albion Place	2 houses

Housing Applicants. The situation with regard to applicants for Council houses was as follows:

On general housing list	*In Rooms*	*Tenants*	*Engaged Couples*	*Total*
(a) Having completed a waiting period of 9 months	10	50	13	73
(b) Under 9 months (50% of nominal list)	—	—	—	40
(c) Applications for bungalows and 1 bedroomed flats	—	—	—	109
(d) Awaiting re-housing from clearance areas and condemned houses				16
				238

SECTION E.

INSPECTION AND SUPERVISION OF FOOD.

Food Premises. In order to maintain satisfactory high standards of food hygiene, frequent inspection of food premises is necessary. Routine inspection can only be carried out when personnel are available, but with shortage of staff, this important work suffers. During the year 32 samples of milk were taken of which one was unsatisfactory.

Manufacture and Sale of Ice-cream. 73 premises are registered for the sale of ice-cream. One for bulk, one for cold mix and 71 for pre-packed. During the year 46 samples were taken of which 44 were Grade One, 1 was Grade Two and 1 was Grade Three.

SECTION F.

PREVALENCE OF, AND CONTROL OVER, INFECTIOUS DISEASES.

Tuberculosis. There were no cases of tuberculosis notified, but one death from tuberculosis occurred. Section H, Table 1 shows the number of deaths from tuberculosis since 1929.

The number of cases on the tuberculosis register was as follows:

	Males	*Females*	*Total*
Pulmonary Tuberculosis	19	14	33
Non-pulmonary Tuberculosis	11	14	25
	30	28	58

There is a very active After-Care Committee in the town which has continued to carry out its excellent work during the year. The Committee succeeded by various functions such as sales, collections and competitions to raise about £1,000 in 1967.

Patients suffering from other disorders of the chest and heart have also been visited and members of the committee regularly visited patients in hospital.

During the year grants of milk, egg, and provisions were made to 26 patients (4 tuberculous and 22 other). Convalescent holidays and gifts at Christmas were also provided.

Table No. 5 on page 32 shows that the total number of cases of infectious disease notified during the year was 461, an increase of 447 on last year's figure. This was largely due to an increase in the incidence of measles which continues to show its biennial pattern. There were also 3 cases of infective hepatitis.

There were no cases of smallpox, cerebrospinal fever, diphtheria, puerperal fever, poliomyelitis, food poisoning, erysipelas, typhoid fever, pneumonia or meningococcal infections.

Measles. This highly infective illness from which few individuals escape has its incidence almost exclusively during childhood. It usually follows a biennial incidence, with high numbers occurring in alternate years. The course of the illness is almost invariably benign, but complications which include otitis media, pneumonia, eye infections and very occasionally encephalitis do occur, and the illness itself is often severe. Complications can be effectively dealt with by the many antibiotics which are now available, but these drugs are themselves not all without side effects, are expensive and involve medical supervision. An effective measles vaccine has now been developed and it is anticipated that this will be available for general use during the course of the next year, and it is anticipated that in future years measles in common with poliomyelitis and diphtheria will be virtually eradicated.

Whooping Cough. There were 3 notifications. Acceptance rate to immunisation is high and the incidence of this condition is low. Cases still occur as immunisation is not completely effective, however in the majority of children who have received immunisation the illness is usually mild.

Scarlet Fever. 15 cases were notified. This disease continues to exhibit its mild phase. The principal interest in its notification is that it gives some indication of the degree of streptocococcal infection in the community.

Poliomyelitis. No cases occurred, and this freedom can be ascribed to immunisation as the decline in incidence has occurred concurrently with vaccination. The oral Sabin vaccine is now used which gives a longer lasting immunity than the Salk or injected variety. A drink of syrup or a lump of sugar is also much more acceptable to the young patients than the previous needle prick.

Food Poisoning. It is pleasing to record that no cases were notified during the year.

The condition is usually caused by one of the Salmonella organisms, of which there are a large number. The commonest strain being that of typhimurium. Salmonella infection is common in bovines, and the incidence of infection on farms is now notified by the Divisional Veterinary Officer to the Medical Officer of Health. Farm workers are then warned of the possibility of human infection, and given details of hygiene precautions to prevent incidence in themselves or their families.

Other causes of food poisoning are staphylococcus which may gain entry to food from an infected spot on the face, hands or arms of a food handler which may cause a severe form of the illness. As the symptoms result from a toxin which is unaffected by heat, cooking the infected food, in this case does not prevent the illness. More rarely typhoid fever, botulism or chemical contaminants may occur. However the commonest germ is the salmonella which gains entry into food because of the faulty personal hygiene of food handlers. The sources of infection are numerous, probably uncooked contaminated (often imported) meat being today one of the most frequent.

Smallpox. There were no cases. The vaccination of children is still necessary and should be carried out sometime during the first two years of life, preferably between the first and second year.

Diphtheria. There have been no cases of diphtheria in Northamptonshire since 1956. There is therefore with each successive year of freedom from infection, a diminishing recollection of the dangers of this illness. Mothers without knowledge of the disease feel a false security and may not have their children immunised. That this is a dangerous situation cannot be too strongly stressed, as it is only by keeping up the numbers of children immunised that the disease be kept in check. It is the duty of all parents to have their children immunised, and if they fail to do so they neglect their welfare.

Sonne Dysentery. There were 2 cases notified during the year.

Infective Hepatitis. The Minister of Health gave sanction that this disease should be made locally notifiable as from 1st July, 1962. By arrangement with other District Councils this also became operative in the County of Northamptonshire. Three cases were notified during the year.

Acute Infective Hepatitis is a disease caused by a virus, which attacks the liver and causes jaundice. It is mainly an infection of young people of a faecal-oral spread, and with an incubation period of 15-50 days. The incriminative routes of infection are from food handlers, water and children to their mothers. The virus is present in faeces 16 days before jaundice, and up to 8 days after. Serum hepatitis, which is another form of infective hepatitis, has a longer incubation period of 50-160 days and affects mainly adults and can be spread by blood transfusion and inefficiently sterilised equipment used by doctors, dentists, nurses and drug addicts, and in the various tattooing processes. The clinical groups of these two types of hepatitis are indistinguishable. There is no specific treatment and a jaundiced adult would be away from work from six weeks to two months, and sometimes might not feel really fit for a year. Quarantine measures are of little value, and patients can be treated at home or in hospital provided adequate handwashing techniques are practised, with current disinfection of excreta. Serum hepatitis can be virtually abolished, if disposal equipment is used by the County Health Department for all procedures involving immunisation. Gamma Globulin is of value for the protection of close contacts and pregnant women during epidemics.

SECTION G.

THE FACTORIES ACT, 1937 TO 1961

There are 143 premises on the register. Six inspections were carried out during the year. Further information is given in Section H. Table No. 7 Under Section 133, the number of outworkers (Part VIII of the Act) in the August list totalled 90 of whom 80 were concerned with making wearing apparel and 10 making stuffed toys.

SECTION H.

STATISTICAL TABLES.

TABLE NO. 1.

DEATHS FROM SELECTED CAUSES, 1929-1967.

Year	*Non-Pulmonary Tuberculosis*		*Pulmonary Tuberculosis*		*Cancer*		*Diseases of Heart and Blood Vessels*		*Bronchitis, Pneumonia and other Respiratory Diseases*	
	No.	*Rate*	*No.*	*Rate*	*No.*	*Rate*	*No.*	*Rate*	*No.*	*Rate*
1929	—	—	12	0·85	21	1·49	39	2·76	9	0·64
1930	1	0·08	7	0·49	11	0·78	38	2·71	16	1·14
1931	—	—	10	0·70	17	1·18	47	3·29	23	1·61
1932	1	0·07	10	0·70	10	0·70	48	3·37	18	1·26
1933	2	0·13	14	0·97	20	1·39	53	3·69	9	0·62
1934	1	0·07	10	0·69	22	1·52	81	5·62	9	0·62
1935	6	0·41	5	0·34	16	1·09	51	3·50	12	0·82
1936	3	0·20	9	0·61	18	1·22	66	4·47	12	0·81
1937	—	—	4	0·26	21	1·41	68	4·56	10	0·67
1938	—	—	10	0·66	23	1·52	69	4·57	7	0·46
1939	1	0·06	11	0·70	23	1·46	57	3·63	9	0·57
1940	3	0·17	10	0·60	32	1·92	78	4·69	23	1·38
1941	1	0·06	13	0·52	32	1·81	79	4·48	26	1·47
1942	1	0·06	7	0·43	28	1·72	72	4·42	13	0·80
1943	—	—	5	0·32	32	2·00	51	3·29	20	1·29
1944	4	0·26	7	0·46	22	1·45	101	6·66	22	1·45
1945	2	0·14	4	0·28	24	1·76	101	7·17	9	0·63
1946	3	0·19	7	0·46	29	1·90	106	6·31	18	1·18
1947	1	0·06	8	0·51	15	0·97	115	7·44	17	1·10
1948	—	—	6	0·36	30	1·83	95	5·82	16	0·98
1949	2	0·12	7	0·42	31	1·88	123	7·49	23	1·40
1950	—	—	3	0·18	34	2·06	117	7·10	26	1·57
1951	1	0·06	3	0·18	26	1·60	93	5·73	24	1·47
1952	2	0·12	8	0·49	41	2·52	102	6·27	17	1·04
1953	—	—	3	0·18	28	1·70	85	5·18	16	0·97
1954	—	—	1	0·06	29	1·75	110	6·65	19	1·14
1955	—	—	—	—	28	1·69	108	6·52	18	1·08
1956	—	—	1	0·06	25	1·50	133	8·02	23	1·38
1957	—	—	—	—	34	2·03	84	5·03	16	0·95
1958	—	—	1	0·05	39	2·31	91	5·42	15	0·89
1959	—	—	3	0.17	39	2.29	112	6.59	14	0.82
1960	—	—	1	0.05	41	2.39	94	5.48	23	1.34
1961	—	—	2	0.11	40	2.30	84	4.83	26	1.49
1962	—	—	—	—	43	2.46	98	5.03	24	1.31
1963	—	—	—	—	28	1.71	113	6.44	36	2.05
1964	—	—	1	0.06	45	2.57	93	5.32	10	0.57
1965	—	—	—	—	43	2.44	101	5.74	17	0.97
1966	—	—	—	—	59	3.34	115	6.50	22	1.24
1967	—	—	1	0.06	39	2.21	107	6.05	21	1.19

TABLE No. 2

CAUSES OF DEATH OF CHILDREN UNDER ONE YEAR—1967.

Age	*Causes of death*	*Total*
Under 1 week	Premature Birth	4
	Congenital Abnormality ...	2
	Hæmolytic disease	1
5 weeks to 52 weeks	Infectious disease	1
	Other causes	1
	TOTAL ...	9

Table No. 3.

DEATH AND BIRTH RATES FOR 1899-1967.

Year	*Estimated Population mid-year*	*Net Births*		*Net Deaths belonging to District*			
				Under 1 year		*At all Ages*	
		No.	*Rate per* 1,000 *pop'tion*	*No.*	*Rate per* 1,000 *LiveB'ths*	*No.*	*Rate per* 1,000 *pop'tion*
1899	12,245	463	37.8	49	105.8	145	11.8
1900	14,359	434	30.2	65	149.0	153	10.6
1905	14,089	328	23.2	36	109.7	119	8.4
1910	16,442	278	16.9	20	71.9	128	7.7
1915	13,787	277	19.9	30	108.3	145	10.5
1920	14,402	328	22.7	24	73.1	133	9.2
1925	13,780	211	15.3	13	61.6	138	10.0
1930	14,020	191	13.6	7	36.6	121	8.6
1935	14,550	176	12.1	15	85.2	155	10.7
1940	16,580	200	12·4	16	77·7	233	14·1
1941	17,600	193	10·9	11	54·1	185	10·5
1942	16,250	251	15·5	6	23·9	163	10·0
1943	15,490	281	18·1	8	28·4	172	11·1
1944	15,140	278	18·4	15	53·9	202	13·3
1945	14,070	282	20·0	14	49·6	176	12·6
1946	15,210	270	17·74	9	33·33	215	14·13
1947	15,440	308	19·94	8	25·97	200	12·95
1948	16,320	283	17·34	9	31·80	184	11·27
1949	16,410	219	13·34	3	13·69	221	13·46
1950	16,460	227	13·79	10	44·05	222	13·48
1951	16,220	199	12·26	1	5·02	218	13·44
1952	16,250	200	12.30	1	5.00	204	12.55
1953	16,390	229	13.97	2	8.73	156	9.51
1954	16,540	229	13.84	7	30.56	187	11.30
1955	16,560	221	13.34	7	31.67	187	11.29
1956	16,580	221	13.32	2	9.04	209	12.60
1957	16,670	233	13.97	5	21.45	162	9.71
1958	16,760	242	14.43	3	12.39	175	10.44
1959	16,990	266	15.65	7	26.31	203	11.94
1960	17,140	269	15.69	4	14.86	191	11.14
1961	17,360	282	16.24	3	10.63	181	10.42
1962	17,470	293	16.77	8	27.30	203	11.61
1963	17,540	320	18.25	5	15.62	226	12.82
1964	17,490	319	18.24	6	18.81	199	11.38
1965	17,590	363	20.63	5	13.81	216	12.28
1966	17,680	355	20.08	4	11.27	226	12.78
1967	17,690	333	18.82	9	27.00	200	11.3

Table No. 4.

COMPARISON OF STILLBIRTHS, ILLEGITIMATE BIRTHS AND MASCULINITY OF BIRTH.

1939-67.

Year	*Stillbirths per 1,000.*		*Illegitimate births per 1,000 births.*	*Male births per 1,000 live female births.*
	Population of all ages.	*Total births (live and still).*		
1939	0·51	34 34	48·89	1008
1940	0·42	33·89	25·00	923
1941	0·51	44·54	56·99	1144
1942	0·31	19·54	75·70	1002
1943	0·89	47·45	53·46	1006
1944	0·55	32·05	133·09	1122
1945	0·21	20·83	95·74	1389
1946	0·39	21·73	55·55	1368
1947	0·38	25·47	32·46	1013
1948	0·61	34·12	42·40	1035
1949	0·12	9·04	36·52	1126
1950	0·30	21·55	30·83	1026
1951	0·18	14·85	35·17	809
1952	0.12	9.90	50.00	1000
1953	0.61	41.84	43.66	1385
1954	0.18	12.93	69.86	1063
1955	0.30	22.12	45.24	1046
1956	0.30	22.12	36.19	1302
1957	0.35	20.92	30.04	1099
1958	0.29	20.24	37.19	819
1959	0.35	22.05	71.42	1180
1960	0.23	14.65	22.30	921
1961	0.34	20.83	46.09	880
1962	0.17	10.13	51.19	927
1963	0.34	18.40	75.00	964
1964	0.40	21.47	58.28	1492
1965	0.17	8.19	41.32	984
1966	0.45	22.04	30.30	972
1967	0.60	21.00	15.1	1018

Table No. 5.

QUARTERLY INCIDENCE OF NOTIFIABLE DISEASES—1967
(Other than Tuberculosis.)

	1st Quarter	*2nd Quarter*	*3rd Quarter*	*4th Quarter*	*Totals*
Measles ...	296	139	3	—	438
Scarlet Fever ...	—	5	—	10	15
Whooping Cough	—	1	—	2	3
Infective Hepatitis	—	1	—	2	3
Dysentery ...	—	—	1	1	2
Total ...	296	146	4	15	461

Table No. 6.

Prescribed particulars on the administration of the Factories Act, 1961 for the year 1967.

PART I OF THE ACT

1.—**Inspections** for purposes of provisions as to health (including inspections made by Sanitary Inspectors)

Premises	*Number on Register*	*Number of*		
		Inspections	*Written notices*	*Occupiers prosecuted*
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities	5	—	—	—
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	136	12	1	—
(iii) Other Premises in which Section 7 is enforced by the Local Authority (excluding out-workers' premises) ...	2	—	—	—
Total ...	143	12	1	*Nil*

2.—Cases in which **defects** were found—*One.*